HAND DELIVERED

FEC FORM 1

2016 - 0M - 16 - 0M - 0005644M

STATEMENT OF **ORGANIZATION**

RECEIVEL FEBERAL ELECTION COMMISSION PUBLIC DISSLOCUTE DIVISION

2016 MAR 16 PM 1:11

			Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
Enjoundes 1014	CRAIC AS	mith	1			
	1111111					
ADDRESS (number and street)	(number and street) 428 A New Jersey Ave SE					
(Check if address is changed)						
	Washington	<u> </u>	Dic 20003 - 1 210 CODE ▲			
COMMITTEE'S E-MAIL ADDRE	SS					
(Check if address is changed)	(Check if address is changed) Crains - Smith & Beme - Com					
	Optional Second E-Mail Add	ress				
COMMITTEE'S WEB PAGE AD	DRESS (URL)		·			
(Check if address is changed)		1111111				
2. DATE 02	6 2016					
3. FEC IDENTIFICATION NU	JMBER ▶ C	and some some controlled in the subsection of th				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined th	nis Statement and to the best of	of my knowledge and belief it	is true, correct and complete.			
Type or Print Name of Treasure	CRAIL A Smi	μ				
Signature of Treasurer	Carl C		Date 02 14 2018			
NOTE: Submission of false, errone		may subject the person signing to ON SHOULD BE REPORTED N	this Statement to the penalties of 52 U.S.C. §30109.			
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100				

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TYPE	OF C	OMMITTEE				
Can	didate	Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand		CRAIG A Smith				
Cand Party	idate Affiliati	on P.Office House Senate President	State $\mathcal{D}_{\mathcal{L}}$			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand						
Part	y Con	nmittee:				
(d)			Democratic, epublican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:			
. ,	•	Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	fraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number	and the second s			
	3.	FEC ID number C				
	4.	FEC ID number C	,			

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Write or Type Committee Name			
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrals	sing Representative, or Lead	dership PAC Sponsor
	<u> </u>		
	1		
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fu	indraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	ntify by name, address (phone number optional) a	and position of the person in	possession of committee
Full Name	 		
Mailing Address			11111
Title or Position	CITY	STATE	ZIP CODE
	<u>IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</u>	hone number	
 Treasurer: List the name and any designated agent (e.g., a 	d address (phone number optional) of the treasuressistant treasurer).	rer of the committee; and the	e name and address of
Full Name of Treasurer			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
	Teleph	hone number	<u> </u>

CITY

STATE

ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOLUMN The FEC added this page to the end of this filing to incolumn /	MING DOCUMENTS
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bu	siness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	e of Receipt or Postmarked
	3/16/16
(3/2015)	DATE PREPARED